



DEPARTMENT OF THE NAVY
BUREAU OF NAVAL PERSONNEL
WASHINGTON, D.C. 20370-5000

IN REPLY REFER TO

BUPERSINST 1131.3
Pers-251

08 FEB 1994

BUPERS INSTRUCTION 1131.3

From: Chief of Naval Personnel
To: All Ships and Stations (less Marine Corps field addressees not having Navy personnel assigned)

Subj: MEDICAL ENLISTED COMMISSIONING PROGRAM (MECP)

Ref: (a) OPNAVINST 6110.1D
(b) SECNAVINST 1120.6B (NOTAL)
(c) SECNAVINST 1920.6A

Encl: (1) Sample Application Letter
(2) Sample Projected Program of Study Outline
(3) Sample Report of Medical History (SF 93)
(4) Sample Report of Medical Examination (SF 88)
(5) Brief Sheet (detach and use as appropriate, then destroy)

1. Purpose. To issue revised Medical Enlisted Commissioning Program eligibility requirements and application procedures.

2. Cancellation. NAVMILPERSCOMINST 1131.4A.

3. Discussion

a. MECP is a commissioning program specifically intended to provide an advancement pathway to commissioned status in the Nurse Corps, U.S. Naval Reserve, on the active-duty list. It is not intended to serve as a precursor to medical school, nor for academic programs leading to certification or licensure as a physical therapist, physician assistant, or other health care specialty. MECP provides outstanding career-motivated enlisted personnel who have attained previous college credits the opportunity to complete the requirements for a baccalaureate degree in nursing. Although previously an active-duty upward mobility program for personnel in the Hospital Corpsman (HM) and Dental Technician (DT) ratings, the program is now open to enlisted personnel of all ratings. The MECP is extremely competitive and personnel who seek appointment are urged to take full advantage of every opportunity in their careers for professional and educational self-improvement.

b. Selectees will participate in an academic program which is accredited by the National League for Nursing (NLN), leading to a baccalaureate degree in nursing. Participants will be

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ordered, for administrative purposes, on permanent change of station (PCS) basis to a naval activity nearest the college or university they will be attending. This activity may be a Naval Reserve Center, a Naval Reserve Officers Training Corps Unit, or some other command. MECP does not pay tuition, fees, book costs, or other school expenses for selectees. The selectee may seek financial assistance for such expenses from other sources, subject to the limitations in subparagraph 12e. Candidates are expected to complete the degree requirements for a bachelor's degree in not more than 36 consecutive months, attending school full-time, year-round. Advanced academic standing may be granted at the discretion of the individual school; however, candidates so advanced will be expected to complete degree requirements in a proportionately reduced period of time. If disenrolled from MECP at any time, participants will normally be made available and issued permanent change of station orders to a new assignment in their previous rating to complete their remaining active-duty obligation.

4. Eligibility Requirements. To be eligible to apply for the MECP, applicants must meet the following requirements:

a. Be serving on active duty as enlisted personnel in any rating of the U.S. Navy or Naval Reserve (including the Training and Administration of Reserves (TAR) Program). Naval Reservists on Active Duty for Special Work or One-Year Recall (ADSW/OYR) and Canvasser Recruiters are not eligible for the program.

b. Must have completed at least 3 years active service as of 1 January of the fiscal year in which the selection board is held.

c. Be a citizen of the United States.

d. Be at least 18 years of age. Must be able to complete the educational requirements and be commissioned prior to their thirty-fifth birthday.

e. Have no record of non-judicial punishment or conviction by court-martial or civil court for other than minor traffic violations during the 4 years preceding 1 January of the fiscal year in which the selection board is held. All minor traffic violations must be listed on the application. For the purposes of this subparagraph, an offense involving driving under the influence of an intoxicant (DUI/DWI) is a major traffic violation and is disqualifying if within 4 years preceding 1 January of the fiscal year in which the selection board is held. A felony conviction or any record of in-service drug abuse, regardless of the date, is disqualifying for MECP.

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f. A person who is drug or alcohol dependent, abuses drugs or alcohol, whose pre-service abuse of drugs or alcohol indicates a proclivity to continue abuse in the service or who has a record of any trafficking offenses is ineligible for MECP.

g. Education

(1) Be a high school graduate. High school diplomas or equivalency certificates based upon military educational experience and general equivalency diploma (GED) are acceptable if they are issued by the Department of Education of a state, commonwealth, or territory of the United States of America or the District of Columbia.

(2) Be enrolled in, or accepted for transfer to, a United States college or university and its nursing school that confers a baccalaureate degree in nursing that is accredited by the National League for Nursing (NLN).

(3) Be able to complete requirements for a baccalaureate degree within 36 consecutive months from the date of enrollment into the MECP. Full-time student status must be maintained throughout the calendar year to include fall, winter, spring, and summer sessions. Therefore, acceptance must be to a college or university offering courses applicable to MECP for each of those sessions.

(4) Have a cumulative grade point average (GPA) of 2.5 on a 4.0 scale and have completed a minimum of 45 quarter, or 30 semester, credit hours in undergraduate courses such as English, mathematics, psychology, sociology, chemistry, biology, anatomy, physiology, and other courses that can be credited towards a baccalaureate degree in nursing. The credit hours may be a combination of traditional classroom courses and college level entry program (CLEP), provided the non-traditional credits are accepted by the school to which application is made.

h. Meet physical standards for officer candidates as prescribed in the Manual of the Medical Department, Chapter 15. Minor physical defects, non-organic in nature, may be waived by the Bureau of Naval Personnel (BUPERS) upon the recommendation of the Chief, Bureau of Medicine and Surgery (BUMED). The candidate must meet physical fitness and percentage of body fat standards per reference (a) at the time of application and at the time of commissioning.

i. Be favorably recommended by the commanding officer.

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5. Waivers. Waivers of eligibility requirements, other than minor physical defects, are normally not granted.

6. Application Procedures. Applications are reviewed by selection boards on a competitive basis. They must be complete, concise, and accurate in every detail. Applications should contain essential information. Recommendations should be specific and not general in nature. Each applicant's service record should be complete and up-to-date. Each applicant is responsible for ensuring that the forms accompanying the signed application are complete and correct in all aspects. Incomplete applications will be returned without board action.

a. Each applicant shall submit an application, using the format in enclosure (1), via the commanding officer to reach BUPERS (Pers-251) not later than 1 January of the fiscal year in which the board meets. The personal information requested in the application will be used by board members to identify those candidates who are fully qualified for appointment and are the best candidates. No separate Privacy Act advisement is required for requesting the social security number and date of birth since those items are already contained in the applicant's service record and the initial advisement applies. Applications received after 1 January will be returned without board action. Applications must contain the following documents in the order indicated:

(1) OPNAV 1530/3, Enlisted Commissioning Program. Photographs are not to be included on this form, but are addressed separately in paragraph 6a(4).

(2) Letter of acceptance from a United States college or university and its nursing school which is accredited by the NLN. Applicants have until 15 March of the year in which the selection board meets to submit the letter of acceptance to BUPERS (Pers-251). The letter of acceptance must state:

(a) Accreditation status of the nursing program;

(b) That the applicant has been specifically accepted to the school of nursing as well as the college/university in a course of study leading to a baccalaureate degree in nursing.

(c) That the applicant has been accepted for the fall term of the year in which the selection board meets; and

(d) That the applicant can complete the baccalaureate degree program in nursing in 36 consecutive months or less.

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(e) Some schools of nursing will not formally accept a student into their programs until 2 academic years have been completed. If this is the case at the applicant's preferred college or university, a provisional letter of acceptance is satisfactory. A provisional letter of acceptance must state that the applicant will be accepted to the school of nursing upon satisfactory completion of specific prerequisite courses. Such a letter must be accompanied by a letter of acceptance from the college or university itself.

(3) Sample Projected Program of Study Outline, enclosure (2), must be submitted with the letter of acceptance and must show the projected completion date and the number of transfer credits the school will accept.

(4) A current, full-length, three-quarter view, black and white, 4" X 5" photograph, in service dress blue, uncovered, with left shoulder forward.

(5) Original academic transcripts for each high school, technical school, college and university attended. Failure to disclose complete academic transcripts or evidence of tampering in any way will result in disqualification. If the institution will not forward transcripts to the applicant, they may be sent directly to Pers-251, provided they include the applicant's full name and social security number.

(6) A statement, no longer than one page and signed by the applicant, presenting any information that the applicant feels would support selection. The statement should, at a minimum, address why the applicant desires to become a Navy Nurse Corps officer.

(7) Certified and legible copies of:

(a) Proof of Citizenship. (Copy of birth certificate or certified statement signed by an official who has cited the naturalization certificate).

(b) NAVPERS 1070/604 (Rev. 7-91), Enlisted Qualification History, page 4 of the enlisted service record.

(c) NAVPERS 1070/605 (Rev. 10-89), History of Assignments, page 5 of the enlisted service record, annotated, if necessary, to include all periods of temporary duty under instruction (TEM DUINS).

(d) NAVPERS 1070/609 (3-83), Enlisted Performance

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Record, page 9 of the enlisted service record. If record does not reflect enlisted evaluations for the past 3 years, a certified copy of the previous page 9 is also required.

(e) Enlisted performance evaluations for the past 3 years.

(f) Certified copy of OPNAV 5520/20, Certificate of Personnel Security Investigation, Clearance and Access. A National Agency Check (NAC), Background Investigation (BI), and/or Entrance National Agency Check (ENTNAC) is acceptable. If the applicant's service record contains no evidence of clearance, a request for an NAC must be initiated under current regulations. All required documents must be complete, accurate and signed.

(8) Original and one copy each of a current Report of Medical History (SF 93) following the format in enclosure (3) and Report of Medical Examination (SF 88) prepared following format in enclosure (4). Physical examinations completed within 18 months prior to the 1 January application deadline are acceptable, provided there has been no change in the applicant's health status. The applicant shall ensure that the forms are completed and signed by the attending physician and include results of the most recent drug screening and Human Immunodeficiency Virus (HIV) testing, clinical records, and consultation sheets, if applicable.

b. Upon receipt of an application, the applicant's commanding officer shall:

(1) Appoint and convene a board of three officers in the grade of lieutenant or above, to include one or more Nurse Corps officers, when available, to interview and evaluate each applicant. Each board member shall complete a NAVCRUIT 1100/13, Interviewer's Appraisal Sheet, assessing the applicant's motivation, potential, attitude, and maturity. A letter of recommendation and evaluation by a Nurse Corps officer is highly recommended if a Nurse Corps officer cannot be appointed to the board.

(2) Recommend only those applicants who have demonstrated continued superior performance with the potential and motivation for successfully serving as a Nurse Corps officer and with the academic ability to complete a demanding college curriculum. The commanding officer's endorsement shall contain:

(a) A typewritten, signed copy of each board member's Interviewer's Appraisal Sheet as enclosures.

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(b) A statement addressing any physical waivers requested by the applicant

(c) A statement indicating whether or not the applicant is serving on full duty without limitation.

(d) A statement that the applicant meets physical fitness and percentage of body fat standards outlined in reference (a).

c. Acknowledgement of Receipt of Applications. Pers-251 will formally acknowledge receipt of each application within 30 days of receipt. Applications received by Pers-251 which are found to be incomplete or inaccurate will be returned to the applicant. Candidates may submit certified copies of additional correspondence (i.e., transfer evaluations, letters of appreciation or commendation, letters of acceptance to a nursing school, transcripts, etc.) to reach Pers-251 not later than 15 March of the year in which the selection board meets.

7. Selection. Eligible applicants for MECP will be considered by an annual selection board convened by the Chief of Naval Personnel (CHNAVPERS). The board will recommend those applicants best qualified for appointment within authorized quota limitations established by the Chief of Naval Operations (CNO). The names of those selectees will be published by NAVADMIN. Nonselectees will not be individually notified.

8. Appointment. Upon successful completion of the requirements for a baccalaureate degree in nursing (certified by the college/university), the candidate will be appointed in the grade of ensign in the Nurse Corps, U.S. Naval Reserve, per 10 U.S.C. 593 and under the guidance of reference (b). Appointees incur an 8-year obligation upon commissioning, 4 of which must be served on active duty.

9. Officer Indoctrination School. Selectees must complete Officer Indoctrination School (OIS) and will be assigned to the next available class upon successful completion of the baccalaureate degree in nursing.

10. Licensing

a. Nurse Corps officers must obtain and maintain a license to practice as a professional registered nurse from a state, territory, or the District of Columbia based on a licensing examination (NCLEX-RN) provided by the National Council of State Boards of Nursing and administered by one of its member boards of nursing.

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b. Appointment as a Nurse Corps officer may occur prior to licensure; however, the NCLEX-RN must be taken at the first available opportunity following graduation.

c. Obtaining and maintaining a license to practice as a professional nurse is an expense incurred by the individual.

d. Officers who twice fail the licensure examination will be re-appointed in a different competitive category to complete any incurred active duty obligation. The Assistant Secretary of the Navy (Manpower and Reserve Affairs (M&RA)) may relieve an officer of incurred active duty obligation, considering the comments and recommendations of the Deputy Chief of Naval Operations (Manpower and Personnel), when such action would be in the best interest of the naval service. Officers with no incurred active duty obligation and officers whose active duty obligation has been waived shall either submit a voluntary resignation or be processed for administrative separation per reference (c).

e. Before appointment, applicants will be required to acknowledge in writing that they are aware of licensing requirements.

11. Educational Program Management. The following administrative guidance applies to the educational program management for MECP:

a. Any selectee who does not desire to participate in the program must notify BUPERS (Pers-251) with the Naval Health Sciences Education and Training Command (HSETC) as an information addressee within 15 days of notification of selection.

b. MECP selectees will receive orders to begin studies within 5 months of selection. Orders will be to a Navy activity near the college or university at which accepted. The commanding officer or officer in charge of the Navy activity to which ordered will maintain administrative jurisdiction over the candidate during the period of instruction.

c. Prior to detachment from the present command, each MECP selectee will incur a 6 year active service obligation by extending or reenlisting. Selectees are authorized to reenlist more than 1 year early if they are unable to satisfy the six year obligated service requirement with an extension of 48 months or less. Payment of the Selective Reenlistment Bonus (SRB) is not authorized for selectees who reenlist for the purpose of meeting the obligated service requirement. If a selectee is entitled to an Enlistment Bonus or SRB, the selectee's commanding officer must counsel the selectee individually per Department of Defense

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Pay Manual (DODPM), part 1, chapter 9, section D, concerning suspension of entitlement and ensure a page 13 entry is signed acknowledging that the entitlement for bonus will be reinstated and paid on a pro-rata basis if member is not commissioned and returns to enlisted status in the same bonus skill rating. Upon execution of an extension, the following entry shall be made on page 1A of the service record: "Reason for extension: Training (MECP). I understand that upon admission to a university under this program, this extension becomes binding and may not thereafter be canceled except as provided in the MILPERSMAN."

d. The MECP students will maintain their enlisted status and be eligible for advancement in rating under the Navy advancement system. Their DD 2N (ACT), Armed Forces Identification Card will reflect the enlisted grade currently held.

e. Students may not use Navy-sponsored tuition assistance to pay for their tuition but may use the inservice Veterans Administration "GI" bill or Veterans Education Assistance Program (VEAP) if eligible.

f. Applications of selectees will be retained by HSETC (Code 262) and become part of the selectee's academic file. Non-selectee applications will not be returned to the candidate by Pers-251.

g. Disenrollment from MECP will be by recommendation of the commanding officer, HSETC; endorsement by Chief, BUMED; and approval of Chief of Naval Personnel. Reasons for disenrollment may include unsatisfactory academic performance, inability to maintain commissioning physical fitness/body fat standards, or other reasons of unsuitability. Disenrollees shall be made available for assignment to duty in their current pay grade and rating and shall complete the terms of their enlistment. The periods served at the college or university shall count as shore duty.

h. MECP candidates are not required to have an annual physical, but must pass the Physical Readiness Test as required by reference (a). Further, the commanding officer is responsible for ensuring that each student completes a NAVMED 6120/3, Annual Certificate of Physical Condition, each year during the fall session. All candidates must satisfactorily pass a precommissioning physical, to include Human Immunodeficiency Virus antibody screening, prior to appointment.

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12. Action

a. CO, HSETC will report to BUPERS (Pers-251), twice each year, the names, social security numbers, administrative commands to which assigned, and expected graduation dates, of all candidates. For continuity purposes and to facilitate the completion of the commissioning documents, a copy of the report will be forwarded to BUPERS (Pers-4415 and Pers-211M5), Commander, Navy Recruiting Command (Code 13), Chief, Bureau of Medicine and Surgery (MED-512) and Director, Navy Nurse Corps (MED-00NC).

b. Commanding officers, command master chiefs, career counselors, education service officers, and Navy Campus For Achievement advisors will ensure widest issuance of information regarding eligibility requirements for the MECP. Eligible, interested, and qualified personnel should be encouraged to apply for the MECP.

13. Reports and Forms

a. The reporting requirements contained in subparagraph 12a is assigned report control symbol BUPERS 1131-1 and approved for 3 years from the date of this directive.

b. The following forms are available in the Navy supply system using requisitioning procedures contained in NAVSUP P-2002D, Navy Stock List of Publications and Forms:

DD Form 2N (ACT) (Rev. 7-74), Armed Forces Identification Card, S/N 0102-LF-000-0301

NAVCRUIT 1100/13 (Rev. 3-81), Interviewer's Appraisal Sheet, S/N 0114-LF-011-0065

NAVMED 6120/3 (6-91), Annual Certificate of Physical Condition, S/N 0105-LF-012-3800

NAVPERS 1070/604 (Rev. 7-91), Enlisted Qualification History S/N 0106-LF-010-6948

NAVPERS 1070/605 (Rev. 3-80), History of Assignments, S/N 0106-LF-010-6952

NAVPERS 1070/609 (Rev. 3-83), Enlisted Performance Record, S/N 0106-LF-010-6971

OPNAV 1530/3 (Rev. 8-88), Enlisted Commissioning Program, S/N 0107-LF-005-2400

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OPNAV 5520/20 (Rev. 10-79), Certificate of Personnel Security Investigation, Clearance and Access, S/N 0107-LF-055-2101

c. The following forms are available from the Federal supply system through normal supply procurement procedures:

SF 88 (Rev. 10-75), Report of Medical Examination,
NSN 754-00-634-4038

SF 93 (Rev. 12-75), Report of Medical History,
NSN 7540-00-181-8368

Distribution:

SNDL Parts 1 and 2
BUPERS (Pers-251, 300 copies)

Stocked:

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(500 copies)



H. C. MCKINNEY
Rear Admiral, U.S. Navy
Deputy Chief of Naval Personnel

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SAMPLE APPLICATION LETTER

From: (RATE) (NAME-First, Middle Initial, Last), USN/USNR,
(Social Security Number)
To: Chief of Naval Personnel (Pers-251)
Via: Commanding Officer, (Full Address)

Subj: APPLICATION FOR THE MEDICAL ENLISTED COMMISSIONING PROGRAM
(MECP)

Ref: (a) BUPERSINST 1131.3

Encl: (1) OPNAV 1530/3, Enlisted Commissioning Program
(2) Letter of acceptance from an accredited
school of nursing
(3) Projected Program of Study Outline
(4) Photograph
(5) Transcripts
(6) Personal Statement
(7) Evidence of Citizenship
(8) NAVPERS 1070/604, Navy Occupation/Training and Awards
History
(9) NAVPERS 1070/605, History of Assignments
(10) NAVPERS 1070/609, Enlisted Performance Record
(11) NAVPERS 1616/24 Enlisted Performance Evaluation Report
(12) OPNAV 5520/20, Certificate of Personnel Security
Investigation, Clearance and Access
(13) SF 88, Report of Medical Examination; SF 93, Report
of Medical History
(14) Additional Supporting Documents

1. I hereby apply for consideration under the Medical Enlisted Commissioning Program (MECP). I certify that I meet all requirements of reference (a), and that all information and enclosures submitted with this application are true, accurate, and complete to the best of my knowledge.

2. The following pertinent information is provided:

a. Total years active duty computed to 01 January of the
fiscal year in which selection board is held: _____ years,
_____ months, _____ days.

b. Projected rotation date _____.

c. I am a U.S. citizen.

d. My date of birth is _____. Age computed to

Enclosure (1)

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01 January of the fiscal year in which selection board is held is _____ years, _____ months, _____ days.

e. I have had no record of non-judicial punishment or conviction by court martial or civil court (other than minor traffic violations) for four years as of 1 Jan _____ (fiscal year in which the selection board is being held). Minor traffic violations are listed below.

f. Graduated from high school on _____ (or satisfactorily completed GED on _____).

g. I have completed _____ semester (or comparable quarter) credit hours acceptable for enrollment in a baccalaureate degree program in nursing. My cumulative college grade point average is _____ on a 4.0 scale.

h. I have been accepted by _____ for a baccalaureate degree program in nursing accredited by the National League of Nursing.

3. I understand that if I am selected for MECP all proficiency pay, flight pay, submarine pay, etc., ceases upon transfer to the MECP college or university. I also understand that I will incur a 6 year obligation from the date of entry into the program, which will be superseded by an 8 year obligation from the date of commission, 4 years of which must be served on active duty.

4. Entitlement to enlistment bonus or SRB payments terminates on the class convening date of the program. Entitlement to unpaid bonuses will be reinstated and paid on a pro rata basis if I am not commissioned and return to enlisted status in the same bonus skill rating.

5. I understand that if I am selected for MECP and subsequently commissioned as a Nurse Corps officer, I am required to obtain and maintain a license to practice as a professional nurse from a state, commonwealth, or territory of the United States. Additionally, the license must be based on an examination provided by the National Council of State Boards of Nursing and administered by one of its member Boards of Nursing. I further understand that the expense of obtaining and maintaining this license is my responsibility and that if I twice fail the licensure examination I will either be re-appointed in a different competitive category or separated from the service.

(signature of applicant)

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FIRST ENDORSEMENT on _____, USN/USNR,
000-00-0000 ltr of _____

From: Commanding Officer, _____
To: Chief of Naval Personnel (Pers-251)

Subj: APPLICATION FOR THE MEDICAL ENLISTED COMMISSIONING PROGRAM
(MECP)

Encl: () Interviewer's Appraisal Sheets (3)

1. Forwarded recommending _____. The applicant meets the physical fitness and body fat standards of OPNAVINST 6110.1D and is eligible in all respects. All required documents have been checked for completeness and accuracy.

2. This and subsequent paragraphs should include information considered pertinent in regard to the applicant's qualification, performance, potential for serving as a commissioned officer, motivation, academic ability to complete a college curriculum, physical readiness and any other comments desired by the commanding officer.

/s/ Commanding Officer

Enclosure (1)

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SAMPLE PROJECTED PROGRAM OF STUDY OUTLINE

PROJECTED PROGRAM OF STUDY UNDER THE MEDICAL ENLISTED
COMMISSIONING PROGRAM (MECP)

NAME (FIRST/MI/LAST)

RATE

SSN

1. The nursing curriculum at (school's name and address) is designed so that I can complete the program within _____ months.

2. The fall session begins (day-month-year) and the projected date for program completion is (month-year).

3. The school will accept _____ semester/quarter hours toward degree completion.

4. The following is a projected program of study as outlined by the school:

Fall (Year)

Spring (Year)

Summer (Year)

(List classes and units of credits for each session as outlined by the school for the required program completion)

(Signature of Applicant)

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STANDARD FORM 93
REV. OCTOBER 1974
PRESCRIBED BY GSA/ICMR
FPMR (41 CFR) 201-45.505

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME LAST, First Middle		2. SOCIAL SECURITY OR IDENTIFICATION NO. 123-45-6789	
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) 123 Any Street Anytown, USA 00000		4. POSITION (title, grade, component) E6/HM1/USN	
5. PURPOSE OF EXAMINATION MECP Candidate	6. DATE OF EXAMINATION DAMONYR	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) Medical Department USS John F. Kennedy (CV-67)	

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)
I am in good health and taking no medications.

first m. last

9. HAVE YOU EVER (Please check each item)				10. DO YOU (Please check each item)			
YES	NO	(Check each item)		YES	NO	(Check each item)	
	<input checked="" type="checkbox"/>	Lived with anyone who had tuberculosis (1)		<input checked="" type="checkbox"/>		Wear glasses or contact lenses	
	<input checked="" type="checkbox"/>	Coughed up blood		<input checked="" type="checkbox"/>		Have vision in both eyes	
	<input checked="" type="checkbox"/>	Bled excessively after injury or tooth extraction			<input checked="" type="checkbox"/>	Wear a hearing aid	
	<input checked="" type="checkbox"/>	Attempted suicide			<input checked="" type="checkbox"/>	Stutter or stammer habitually	
	<input checked="" type="checkbox"/>	Been a sleepwalker			<input checked="" type="checkbox"/>	Wear a brace or back support	

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	<input checked="" type="checkbox"/>		Scarlet fever, erysipelas		<input checked="" type="checkbox"/>		Cramps in your legs		<input checked="" type="checkbox"/>		"Trick" or locked knee
	<input checked="" type="checkbox"/>		Rheumatic fever		<input checked="" type="checkbox"/>		Frequent indigestion		<input checked="" type="checkbox"/>		Foot trouble
	<input checked="" type="checkbox"/>		Swollen or painful joints		<input checked="" type="checkbox"/>		Stomach, liver, or intestinal trouble		<input checked="" type="checkbox"/>		Neuritis
	<input checked="" type="checkbox"/>		Frequent or severe headache		<input checked="" type="checkbox"/>		Gall bladder trouble or gallstones		<input checked="" type="checkbox"/>		Paralysis (include infantile)
	<input checked="" type="checkbox"/>		Dizziness or fainting spells		<input checked="" type="checkbox"/>		Jaundice or hepatitis		<input checked="" type="checkbox"/>		Epilepsy or fits
	<input checked="" type="checkbox"/>		Eye trouble		<input checked="" type="checkbox"/>		Adverse reaction to serum, drug, or medicine		<input checked="" type="checkbox"/>		Car, train, sea or air sickness
	<input checked="" type="checkbox"/>		Ear, nose, or throat trouble				Broken bones		<input checked="" type="checkbox"/>		Frequent trouble sleeping
	<input checked="" type="checkbox"/>		Hearing loss		<input checked="" type="checkbox"/>		Tumor, growth, cyst, cancer		<input checked="" type="checkbox"/>		Depression or excessive worry
	<input checked="" type="checkbox"/>		Chronic or frequent colds		<input checked="" type="checkbox"/>		Rupture/hernia		<input checked="" type="checkbox"/>		Loss of memory or amnesia
	<input checked="" type="checkbox"/>		Severe tooth or gum trouble		<input checked="" type="checkbox"/>		Piles or rectal disease		<input checked="" type="checkbox"/>		Nervous trouble of any sort
	<input checked="" type="checkbox"/>		Sinusitis		<input checked="" type="checkbox"/>		Frequent or painful urination		<input checked="" type="checkbox"/>		Periods of unconsciousness
	<input checked="" type="checkbox"/>		Hay Fever		<input checked="" type="checkbox"/>		Bed wetting since age 12				
	<input checked="" type="checkbox"/>		Head injury		<input checked="" type="checkbox"/>		Kidney stone or blood in urine				
	<input checked="" type="checkbox"/>		Skin diseases		<input checked="" type="checkbox"/>		Sugar or albumin in urine				
	<input checked="" type="checkbox"/>		Thyroid trouble		<input checked="" type="checkbox"/>		VD—Syphilis, gonorrhea, etc.				
	<input checked="" type="checkbox"/>		Tuberculosis		<input checked="" type="checkbox"/>		Recent gain or loss of weight				
	<input checked="" type="checkbox"/>		Asthma		<input checked="" type="checkbox"/>		Arthritis, Rheumatism, or Burnitis				
	<input checked="" type="checkbox"/>		Shortness of breath		<input checked="" type="checkbox"/>		Bone, joint or other deformity				
	<input checked="" type="checkbox"/>		Pain or pressure in chest		<input checked="" type="checkbox"/>		Lameness				
	<input checked="" type="checkbox"/>		Chronic cough		<input checked="" type="checkbox"/>		Loss of finger or toe				
	<input checked="" type="checkbox"/>		Palpitation or pounding heart		<input checked="" type="checkbox"/>		Painful or "trick" shoulder or elbow		<input checked="" type="checkbox"/>		12. FEMALES ONLY: HAVE YOU EVER
	<input checked="" type="checkbox"/>		Heart trouble		<input checked="" type="checkbox"/>		Recurrent back pain		<input checked="" type="checkbox"/>		Been treated for a female disorder
	<input checked="" type="checkbox"/>		High or low blood pressure		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

Hospital Corpsman

14. ARE YOU (Check one)

☒ Right handed ☐ Left handed

REPORT OF MEDICAL EXAMINATION

BUPERSINST 1131.3
8 FEB 1994

1. LAST NAME - FIRST NAME - MIDDLE NAME LAST, First Middle				2. GRADE AND COMPONENT OR POSITION E6/HM1/USN		3. IDENTIFICATION NO. 123-45-6789	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 123 Any Street Anytown, USA 00000				5. PURPOSE OF EXAMINATION MECP Candidate		6. DATE OF EXAMINATION DAMONYR	
7. SEX Male		8. RACE Caucasion		9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 9y8m CIVILIAN		10. AGENCY leave blank	
11. ORGANIZATION UNIT UIC: 09287		12. DATE OF BIRTH DAMONYR					
13. PLACE OF BIRTH City, State		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN First I. Last (relationship) Same as #4					
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Medical Department USS John F. Kennedy (CV-67)				16. OTHER INFORMATION Rel:			
17. RATING OR SPECIALTY -----leave blank-----				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS	

CLINICAL EVALUATION

NOR- MAL	(Check each item in appropriate column, enter "NE" if not evaluated)	ABNOR- MAL
X	18. HEAD, FACE, NECK AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	
X	22. EARS - GENERAL (INTERNAL CANALS: (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
X	24. EYES - GENERAL (Visual acuity and refraction under items 52, 50 and 87)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel movements nystagmus)	
X	28. LUNGS AND CHEST (Include breasts)	
X	29. HEART (Thrust, size, rhythm, sounds)	
X	30. VASCULAR SYSTEM (Varicosities, etc.)	
X	31. ABDOMEN AND VISCERA (Include hernia)	
X	32. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Prostate, if indicated)	
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	X
X	40. SKIN, LYMPHATICS	
X	41. NEUROLOGIC (Equilibrium tests under item 72)	
X	42. PSYCHIATRIC (Specify any personality deviation)	
X	43. PELVIC (Females only) (Check how done)	
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL		

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary)

#39. Tattoo Right Deltoid "Mom"
CIRC
VSURA

N/A

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth)

1 2 3 Restorable Teeth										1 2 3 Non-restorable teeth										1 2 3 Missing Teeth										1 2 3 Replaced by Dentures										1 2 3 Fixed Partial dentures									
R X										X										X										X										X									
I X										X										X										X										X									
T X										X										X										X										X									

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Type-II
Class-I
Dental Qualified

DAMONYR (date testing is done) LABORATORY FINDINGS

45. URINALYSIS A SPECIFIC GRAVITY 1.030		PH: 6.0		46. CHEST X-RAY (Place, date, film number and result) USS John F. Kennedy (CV-67) #4215 NAD DAMONYR	
B. ALBUMIN Neg		D. MICROSCOPIC 0-4 WBC		47. SEROLOGY (Specify test used and result) HIV-DAMONYR-Neg DAMONYR-RPR Non-reactive	
C. SUGAR Neg		48. EKG DAMONYR NSR		49. BLOOD TYPE AND RH FACTOR O-Pos	
50. OTHER TESTS HCT-45 CHOL-216 HDLC-63 FBS-92 TRIG-61 G6PD-Normal Sickle Cell-Negative HCG-DAMONYR-Negative (P5x 6x 10x 10x)		Standard Form 600 (Rev. 1-80) General Services Administration Interagency Comm. on Medical Record FIRM (41CFR) 201-45.505			

PPD-DAMONYR-Zero mm
NSN 7540-00-034-4038
88-122

Enclosure (1)

8 FEB 1994

182.88cm		69.75kg		MEASUREMENTS AND OTHER FINDINGS				37.1C																																
51. HEIGHT 72"		52. WEIGHT 155lb		53. COLOR HAIR Brown		54. COLOR EYES Hazel		55. BUILD: <input checked="" type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE 98.4F																														
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																		
A. SITTING SYS. 102 DIAS. 60		B. RECUMBENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING 68		B. AFTER EXERCISE		C. 2 MIN. AFTER																														
D. RECUMBENT		E. AFTER STANDING 3 MIN.																																						
59. AFVT DISTANT VISION				60. Manifest REFRACTION				61. AFVT NEAR VISION																																
RIGHT 20/ 80		CORR. TO 20/ 20		BY -1.00 S. -1.00		CX 160		20/20 CORR. TO 20/20		BY #60																														
LEFT 20/ 40		CORR. TO 20/ 20		BY -0.25 S. -1.00		CX 005		20/20 CORR. TO 20/20		BY #60																														
62. HETEROPHORIA (Specify distance)																																								
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT																														
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED																														
RIGHT LEFT				FALANT PASS 9/9						CORRECTED																														
66. FIELD OF VISION FULL O.U				67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRACULAR TENSION NCT O.D 10mmhg O.S 8mmhg																														
70. HEARING				71. ANSI 69 AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																												
RIGHT WV /15 SV /15				<table border="1"> <tr> <td></td> <td>250 550</td> <td>500 610</td> <td>1000 1050</td> <td>2000 2040</td> <td>3000 3200</td> <td>4000 4080</td> <td>5000 5140</td> <td>6000 6190</td> </tr> <tr> <td>RIGHT</td> <td>XX</td> <td>05</td> <td>05</td> <td>-05</td> <td>00</td> <td>00</td> <td>15</td> <td>XX</td> </tr> <tr> <td>LEFT</td> <td>XX</td> <td>15</td> <td>10</td> <td>00</td> <td>10</td> <td>10</td> <td>20</td> <td>XX</td> </tr> </table>									250 550	500 610	1000 1050	2000 2040	3000 3200	4000 4080	5000 5140	6000 6190	RIGHT	XX	05	05	-05	00	00	15	XX	LEFT	XX	15	10	00	10	10	20	XX	RAT-SAT	
	250 550	500 610	1000 1050	2000 2040	3000 3200	4000 4080	5000 5140	6000 6190																																
RIGHT	XX	05	05	-05	00	00	15	XX																																
LEFT	XX	15	10	00	10	10	20	XX																																
LEFT WV /15 SV /15																																								
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																																								
DAMONYR-URINE DRUG SCREEN NEGATIVE-BATCH#0000 SAMPLE#00																																								
HGT-72" WAIST-30 NECK-16 CIRC-14 BF% 6% B/F																																								

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

- #39. Marks and Scars-NCD
#59. DDVA-correctable to 20/20-NCD
#71. HFHL-A.S.-NCD

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. A. PHYSICAL PROFILE																	
						<table border="1"> <tr> <td>P</td> <td>U</td> <td>L</td> <td>H</td> <td>E</td> <td>S</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						P	U	L	H	E	S						
P	U	L	H	E	S																		
77. EXAMINEE (Check) PQ COMMISSIONING/MECP and to perform all duties A. <input checked="" type="checkbox"/> IS QUALIFIED FOR of his rate/rank at sea and on foreign shores B. <input type="checkbox"/> IS NOT QUALIFIED FOR						B. PHYSICAL CATEGORY																	
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						<table border="1"> <tr> <td>A</td> <td>B</td> <td>C</td> <td>D</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>						A	B	C	D								
A	B	C	D																				
79. TYPED OR PRINTED NAME OF PHYSICIAN F. I. LAST ENS/PA-C/MSC/USN						SIGNATURE F. I. Last																	
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE																	
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) F. I. LAST LCDR/DC/USN						SIGNATURE F. I. Last																	
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY F. I. LAST CAPT/MC/USN(FS)						SIGNATURE F. I. Last																	
						NUMBER OF ATTACHED SHEETS																	

8 FEB 1994



For Your INFORMATION

MEDICAL ENLISTED COMMISSIONING PROGRAM FOR APPOINTMENT IN THE NURSE CORPS, U.S. NAVAL RESERVE

The following items identify substantive changes in the instruction; however, it should be reviewed in its entirety.

- Simplifies application preparation.
- Clarifies requirement for letter of acceptance to nursing school (provisional letter of acceptance may be authorized).
- Obligation for successful candidates changes to 8 years upon commissioning, 4 years of which must be served on active duty.

DISPLAY ON BULLETIN BOARD AND PUBLISH AS APPROPRIATE, THEN DESTROY. INCLUSION IN THE PLAN OF THE DAY IS RECOMMENDED. USE OF THIS INFORMATION BY NAVY BROADCASTING SERVICE/AFRT OUTLETS ASHORE AND BY SITE TELEVISION OPERATORS AFLOAT IS STRONGLY ENCOURAGED.

Enclosure (5)